



CITY OF HOUSTON
Administration and Regulatory Affairs Department
Strategic Purchasing Division

Annise D. Parker
Mayor

Calvin D. Wells, Deputy Director
City Purchasing Agent
P.O. Box 1562
Houston, Texas 77251-1562

F. 823-393-8755
<https://purchasing.houstontx.gov/>

September 20, 2010

SUBJECT: Letter of Clarification 6

REFERENCE: Request for Proposal No.: S46-T23724 for Emergency Medical Services Patient Management System – ePCR and Billing and Collections

TO: All Prospective Bidders:

This Letter of Clarification is issued for the following reasons:

- **To response to vendor questions as follows:**

1	Vendor Question	What model/brand ECG does HFD deploy in the field? Are there plans for other brands, if so, what model/brand?
	COH Response	Physio Control's Life Pak 12
2	Vendor Question	What CAD system is currently in use? Any customizations? Manufacturer and version?
	COH Response	Northrup Grumman's Altaris
3	Vendor Question	Please define 'nixie' transports. How is this currently documented by the field providers?
	COH Response	The definition of Nixie, particularly as used by our current vendor, means any bill generated that for whatever reason does not have a valid enough name, address, or other identifying information to be able send a bill. It also includes any situation where a mailed billing came back from the US post office as undeliverable. Address information is provided by the patients and entered into the suystem.
4	Vendor Question	One of the performance measurable is for ePCR's to be transmitted real time. Please define what HFD considers to be real time? What mechanisms are in place to measure this? Is there a policy in place for HFD field providers to complete ePCR's at the patient side and complete at the hospital before returning to service. Is the expectation of HFD to view ePCR's as they are being documented in the field 'real-time' via and viewable via an interface as providers are collecting documenting information?
	COH Response	According to Texas State law and HFD protocols, HFD/EMS is required to leave a copy of the patient record with the hospital when the patient is turned over to the hospital's care. The software must be capable of assisting with data entry at the patient's side during EMS' interaction with them. Our current

		procedures for tracking records completed against dispatches occurs after the fact. The ability to track this while the crew is still on shift is our goal.
5	Vendor Question	Please define 'core software changes'. Is this a reference to questions and answers (lookups) that show on the mobile unit or customization requests?
	COH Response	The current generation of ePCR software that we have seen is basically in two parts. The first is what I call the 'core', this is the heart of the system that provides the basic components that makes the system work. This part is the same for all users of the product. The second part of the system is user configurable. The user can modify screens, add fields, remove fields, etc., to customize it to fit the individual agency's needs. This part is unique to the user and remains unchanged when 'core' updates are issued.
6	Vendor Question	Does HFD wish to have the current hardware replaced or is the intent for the current hardware to be used with the new ePCR system
	COH Response	HFD refreshes field hardware every five years. We are currently in the middle of that cycle and do not expect to refresh for another 2 1/2 years. However, if the selected vendor wished to refresh the field equipment at the start of the contract that is something we would be willing to discuss.
7	Vendor Question	Is the current hardware touch screen or a pen based model? What's the make/modle of the current 166 rugged tablets
	COH Response	Hammerhead Xtreme by DRS
8	Vendor Question	Ability to create reports for private and public use? Is this a requirement for HIPAA protected views of the patient report or something else?
	COH Response	HFD's use of the term 'public reports' does not mean the general public. It's used in reference to database reporting. A user should be able to create queries and reports that are only seen by him/her (i.e. private). If the user develops a report that is helpful to others, then that report should be able to be tagged as available to all users allowed in the system (i.e. public).
9	Vendor Question	Texas DSHS state reporting- Does ACS currently provide an extract to the state or is the data mined by HFD staff and submitted?
	COH Response	HFD currently extracts and send the data ourselves.
10	Vendor Question	Gold standard. To clarify does this mean the ePCR vendor must be able to comply with the current Gold standard elements if/when the State of Texas adopts those standards for submittals? Will a NEMSIS v3.0 standard also be required?
	COH Response	The current DSHS report is not NEMSIS based and the State of Texas has not yet conducted a search for a state vendor to accept NEMSIS until at least 2012 or 2013. NEMSIS will also migrate to a new NEMSIS v3.0 standard (doing away with Gold/Silver levels). Should prospective vendors include costs for two extracts. One extract for the current non-NEMSIS DSHS and one for the new NEMSIS v3.0?

		Yes. DSHS reporting should be a standard component of the ePCR product in the state of Texas. If DSHS changes their format to comply with NEMSIS v3.0 (which they are in the process of doing) the ePCR will be updating their extract for all of their Texas customers anyway.
11	Vendor Question	Service definable run forms' Is this a requirement for HFD to be able to modify or set the layout of the ePCR form on both the mobile and backend platforms?
	COH Response	No. 'Service definable' would only apply to the front end and reports.
12	Vendor Question	Please define this requirement? Can HFD provide a scenario in which this would be used?
	COH Response	We expect to have several reports that we will generate monthly. We would like a way to have this set of reports print out automatically, either by macro or by scheduling them.
13	Vendor Question	Please define this further. Can HFD provide an example of a 'tree study'
	COH Response	HFD was using 'tree study' in reference the drill down capabilities in an example like looking at all Motor Vehicle Accidents for a year. Then from that choose only male drivers under the age of 25. Next choose those that were alcohol related. In this we would make an initial choice, but then 'branch' out from there.
14	Vendor Question	Please define some of the outside applications? Is this only MS Word, PDF or some other 3rd party application?
	COH Response	Section 7.6.4 refers to the ability to run our own custom applications for Controlled Substance, Medical Supply Inventory, or simply access pdf forms. Section 7.6.5 references the ability to access HFD Protocols in pdf format.
15	Vendor Question	What is the make/model number for the current 166 rugged tablet pc's. Are they touch screen or digitized pen? What year were they implemented in the field.
	COH Response	The Hammerhead Xtremes by DRS were deployed 2 1/2 years ago.
16	Vendor Question	Does HFD participate in CARES reporting? Should this automated extract be included as well as business intelligence to ensure proper data element collection?"
	COH Response	Yes. And as long as HFD has the ability to create reports and schedule them, this will be handled.
17	Vendor Question	Will an automated or manual fax solution be utilized?
	COH Response	HFD does not anticipate a need to fax the ePCR records to hospitals at this time. However, having the capability to individually fax an occasional record to a hospital might be a nice extra feature.
18	Vendor Question	Will the department utilize the current mobile active guidelines (questions and answers) for the new deployment or is the intent to redesign from the ground up.

	COH Response	HFD will use the existing SafetyPAD product as an outline to build the new ePCR system. That being said, we will also be looking at ways to change the screens and flow to more closely fit how HFD/EMS does business.
19	Vendor Question	How will the department train field personnel. Will this be a train the trainer or does HFD want all personnel trained by the vender, If "train the trainer" how many personnel will be trained?
	COH Response	As stated in section 7.4.2, HFD wants the Vendor to train trainers, approximately four people. Then HFD personnel will train HFD field personnel.
20	Vendor Question	If vendor is training all personnel, how many and over what time frame
	COH Response	N/A
21	Vendor Question	What are the time table goals between contract signing and first units to be deployed?
	COH Response	HFD anticipates a gradual shift to the new ePCR system. As field crews are trained, they will be given the new software to begin using. We expect to begin training the first units in approximately 90 days.
22	Vendor Question	The RFP notes 166 units. Which field units are carrying the ePCR mobile. Is this just 68 ambulances, 25 ALS and 21 ALS Squads or other units such as suppression pieces? Will EMS units noted carry ePCR or is there a plan to expand this?
	COH Response	We have just deployed the existing ePCR to ten (10) EMS Supervisors and plan to make it available for up to five (5) Physicians.
23	Vendor Question	Are there any plans to interface with a FIRE RMS system and the data from ePCR? Should this be included in the quote? What FIRE RMS does HFD utilize
	COH Response	Not at this time. FireHouse
24	Vendor Question	Please name the major receiving hospitals.
	COH Response	Ben Taub, Memorial Hermann
25		What is the Medicare reimbursement rate for a BLS, ALS, ALS2, mileage?
	COH Response	BLS - 340.71; ALS - 404.60; ALS II - 585.50; Mileage - 6.87
26	Vendor Question	What is the Medicaid reimbursement rate for a BLS, ALS, ALS2, mileage?
	COH Response	BLS - 258.31; Mileage - 5.06; Misc Sup - 20.30; Oxygen - 31.86
27	Vendor Question	Fees: a. Typically Medicaid Fees paid to vendors are at a flat fee/fixed amount not a contingency fee. Is it the City's preference for Medicaid fees to be at a flat fee per claim, or a contingency fee based off collections?
	COH Response	Contingency

28	Vendor Question	b. Your fee schedule asks us to submit fees by payer. To clarify the fees should include the ePCR software and hardware in the % of fees by payer?
	COH Response	Yes
29	Vendor Question	Please confirm that the City bills Medicare Part B.
	COH Response	Yes
30	Vendor Question	The successful vendor will assume responsibility for the backlog of unbilled and/or previously billed accounts. Please provide an aged trial balance report of this backlog available that identifies by payer the volume and dollar value.
	COH Response	Please refer to the Summary Account Receivable File dated 7/10 pasted to the website
31	Vendor Question	How does the City propose the successful vendor handle the ePCR software that is currently maintained/managed by the incumbent until the new ePCR software is implemented? What controls will be in place to ensure that the data is received timely to the billing vendor during the transition?
	COH Response	The exact mechanics of the transition period will be part of the contract negotiation, although it is constrained primarily by the lowest cost and most efficient training mechanism for HFD personnel. We envision two possible routes: a) a phase out transition in which personnel and therefore data transactions are moved to the new system as training occurs over a period of time, or b) a cut-over transition in which all personnel and transactions move to the new system at the same time on a designated day. In the cut-over transition scenario, the initial configuration, setup of hardware and training all occurs prior to the cut-over day. During this time operations continue as normal on the existing system. In both scenarios, data goes through either the old system or the new system, never both. Therefore each vendor (incumbent and new) is responsible for their own data controls.

When issued, Letter(s) of Clarification shall automatically become a part of the solicitation documents and shall supersede any previous specification(s) and/or provision(s) in conflict with the Letter(s) of Clarification. It is the responsibility of the proposers to ensure that they have obtained any such previous Letter(s) associated with this solicitation. By submitting a proposal on this project, proposers shall be deemed to have received all Letter(s) of Clarification and to have incorporated them into this solicitation.

If you have any questions or if further clarification is needed regarding this RFP, please contact Eric Alexander at 832-393-8704.

Sincerely,

Eric Alexander

Senior Procurement Specialist
City of Houston, Strategic Purchasing Division
T: 832-393-8704
F: 832-393-8759

cc: T23724 Solicitation File

End of Letter of Clarification 6